



County of Yolo

PROBATION DEPARTMENT
 JUVENILE DETENTION FACILITY
 2880 E. GIBSON ROAD - WOODLAND, CA 95776
 PHONE: (530) 406-5301 Fax: (530) 669-5802



Community Corrections
 Danin Fruchtenicht
 Interim Chief Probation Officer

Juvenile Detention
 Oscar Ruiz
 Superintendent

APPLICATION TO VOLUNTEER

PROGRAM:	
PROGRAM COORDINATOR:	

PLEASE PRINT COMPLETE NAME:

_____	_____	_____
LAST	FIRST	MIDDLE

OTHER NAMES USED (FOR MARRIED WOMEN, PLEASE INDICATE YOUR MAIDEN NAME):

_____	_____	_____
LAST	FIRST	MIDDLE

_____	_____	_____
DATE OF BIRTH	DRIVER'S LICENSE/ID	OTHER

EMAIL ADDRESS:		
LANGUAGE(S) OTHER THAN ENGLISH		

HOME ADDRESS & CONTACT NUMBERS:

RESIDENTIAL ADDRESS:	
COUNTY:	
DURATION:	
CONTACT NUMBER(S):	

LIST RESIDENTIAL INFORMATION FOR THE PAST TEN (10) YEARS IF DIFFERENT FROM ABOVE. INCLUDE THE COUNTY OF RESIDENCE. USE REVERSE SIDE IF NEEDED.

1.			
	STREET, CITY, STATE & ZIP CODE	COUNTY	DURATION
2.			
	STREET, CITY, STATE & ZIP CODE	COUNTY	DURATION

EMPLOYMENT HISTORY: LIST JOBS HELD IN THE PAST TEN (5) YEARS. INDICATE YOUR MOST RECENT JOB FIRST. VERIFIABLE VOLUNTARY EXPERIENCE MAY BE CONSIDERED. INDICATE IF YOU WERE EMPLOYED UNDER ANOTHER NAME. INQUIRIES MAY BE MADE FROM YOUR FORMER EMPLOYER(S). (USE ADDITIONAL SHEETS IF NECESSARY)

FROM/TO	EMPLOYER NAME & ADDRESS	REASON FOR LEAVING
POSITION HELD	SUPERVISOR'S NAME	

FROM/TO	EMPLOYER NAME & ADDRESS	REASON FOR LEAVING
POSITION HELD	SUPERVISOR'S NAME	

PERSONAL REFERENCES (LIST THREE (3))

NAME AND ADDRESS	DAY PHONE ()
RELATIONSHIP:	EVENING PHONE ()

NAME AND ADDRESS	DAY PHONE ()
RELATIONSHIP:	EVENING PHONE ()

NAME AND ADDRESS	DAY PHONE ()
RELATIONSHIP:	EVENING PHONE ()

SECURITY QUESTIONS

1. HAVE YOU EVER APPLIED FOR A SECURITY CLEARANCE HERE BEFORE?	[YES] [NO]
2. HAVE YOU EVER BEEN ARRESTED?	[YES] [NO]
3. DO YOU KNOW SOMEONE WHO HAS BEEN DETAINED AT JUVENILE HALL WITHIN THE PAST FIVE (5) YEARS?	[YES] [NO]
4. ARE YOU CURRENTLY ON PROBATION OR PAROLE? WHICH COUNTY?	[YES] [NO]

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN. INCLUDE NAMES, DATES AND JURISDICTIONS OF ARRESTING AGENCY. USE REVERSE SIDE OF THIS PAGE IF ADDITIONAL SPACE IS NEEDED:

SIGNATURE

DATE

EMPLOYMENT OR VOLUNTEER WORK AT THE YOLO COUNTY PROBATION DEPARTMENT REQUIRES A PROBATION DEPARTMENT ISSUED SECURITY CLEARANCE PASS. THIS CLEARANCE MAY BE TERMINATED AT ANY TIME BY THE CHIEF PROBATION OFFICER OR HIS/HER DESIGNEE.



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AUTHORIZATION TO RELEASE INFORMATION

AS AN APPLICANT FOR A POSITION, VOLUNTEER SERVICE, APPRENTICESHIP OR INTERNSHIP WITH THE YOLO COUNTY PROBATION DEPARTMENT, I AM REQUIRED TO FURNISH THIS INFORMATION FOR USE IN DETERMINING MY QUALIFICATIONS. IN THIS CONNECTION, I DO HEREBY AUTHORIZE THE RELEASE AND FULL DISCLOSURE OF ANY OR ALL INFORMATION THAT YOU MAY HAVE CONCERNING ME, INCLUDING BUT NOT LIMITED TO INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE, TO ANY DULY AUTHORIZED AGENT OF THE COUNTY OF YOLO, PROBATION DEPARTMENT.

I HEREBY RELEASE YOU, YOUR ORGANIZATION, OR OTHERS FROM LIABILITY OR DAMAGE, WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPIES DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

THIS RELEASE WILL EXPIRE ONE (1) YEAR AFTER THE DATE SIGNED.

APPLICANT'S FULL NAME:	
DATE OF BIRTH:	
CALIFORNIA DRIVER LICENSE NO.	

SIGNATURE

DATE



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CONFIDENTIALITY ACKNOWLEDGMENT

ANY PERSON INVOLVED IN ANY APPRENTICESHIP, INTERNSHIP, VOLUNTEER PROGRAM, FACILITY TOUR, OR PENDING EMPLOYMENT AT THE YOLO COUNTY JUVENILE DETENTION FACILITY MAY HAVE ACCESS TO PERSONAL OR CONFIDENTIAL DATA OR INFORMATION. PERSONAL OR CONFIDENTIAL DATA OR INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, NAMES AND ADDRESSES, SOCIAL SECURITY NUMBERS, TYPE AND EXTENT OF OFFENSES OF THE YOUTH, INCLUDING MEDICAL OR PSYCHIATRIC DATA, AND REPORTS OR RECORDS OF YOUTH. ANY PERSONAL OR CONFIDENTIAL DATA OR INFORMATION OF ANY TYPE WHICH MIGHT BE READ, HEARD, AND/OR LEARNED DURING THE COURSE OF YOUR APPRENTICESHIP AT THE YOLO COUNTY JUVENILE DETENTION FACILITY SHALL NOT BE COPIED, DISSEMINATED, DISTRIBUTED OR DISCUSSED IN ANY MANNER. HOWEVER, IT IS PERMISSIBLE TO DISCUSS AND UTILIZE THIS EXPERIENCE WITHIN THE AUTHORIZED PARAMETERS OF THE INTENDED PROGRAM AS LONG AS NONE OF THOSE INVOLVED ARE IDENTIFIABLE.

ADDITIONALLY, THE INQUIRING OF YOUTH REGARDING INFORMATION PERTAINING TO PAST OR PRESENT OFFENSES IS PROHIBITED.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING THE CONFIDENTIALITY OF INFORMATION OF WHICH I MAY COME IN CONTACT WITH DURING MY PRESENCE AT THE YOLO COUNTY JUVENILE DETENTION FACILITY. I HEREBY AGREE NOT TO DIVULGE ANY INFORMATION OR RECORDS CONCERNING YOUTH OR PERSONS AFFILIATED WITH THE JUVENILE DETENTION FACILITY. HOWEVER, IT IS PERMISSIBLE TO DISCUSS AND UTILIZE THIS EXPERIENCE WITHIN THE AUTHORIZED PARAMETERS AS LONG AS NONE OF THOSE INVOLVED ARE IDENTIFIABLE.

APPLICANT'S SIGNATURE

DATE

PRINTED NAME

PROGRAM

RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability is executed this _____ day of _____, 2018, by _____ (the volunteer) in favor of the County of Yolo and its directors, officers, employees, and agents.

I, the student intern, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** I hereby release and forever discharge and hold harmless County of Yolo and its successors and assigns from any and all liability, claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my participation as a volunteer with the County of Yolo and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with County of Yolo.

I understand and acknowledge that this Release discharges County of Yolo from any liability or claim that I may have, with respect to any bodily or other injury, illness, death, or property damage that may result from my participation. I also understand that County of Yolo does not assume any responsibility or obligation unless covered under Yolo County's Worker Compensation program to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance in the event of injury, illness, death, or property damage.

2. **Assumption of Risk.** I understand that my participation with the County of Yolo and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with the County of Yolo may include activities that may be hazardous to me. I hereby expressly and specifically assume the risk of injury or harm in the activities and have voluntarily applied to participate and release the County of Yolo from all liability for injury, illness, death, and/or property damage that may result. This risk and assumption of risks is binding on my heirs and assigns.
3. **Other.** I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of this state, county, and/or city.

By signing below, I acknowledge that I have carefully read and understand this release, and agree to its provisions. I am aware that this is a release of liability and a contract between me and the County of Yolo.

Volunteer's Signature

Date